FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110133

Status
Final

Question
Multiple primaries/Heme & Lymphoid Neoplasms: A patient was diagnosed 7/31/08 with DLBCL (9680/3) (biopsy left supraclav. node), stage IIIB. Treated with chemo.

10/14/10 biopsy right supraclav. node shows follicular lymphoma grade 3A of 3 (9698/3).

Does rule M12 apply since normally follicular transforms into DLBCL?

Do we ignore rule M3?

Do we have two primaries?

See discussion.

Discussion
In this case, the follicular came AFTER the DLBCL. (so "acute" reverted to "chronic"?) Or do we just go on to rule M13 and use the HemaDB calculator?

Answer
Use rule M12 which tells you to abstract as multiple primaries when a neoplasm is originally diagnosed in a blast phase and reverts to a chronic phase after treatment.

You cannot use M3 because DLBCL and FL weren't present in the same node(s) AT THE SAME TIME.

Last Updated
11/28/11

FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110132

Status
Final

Question
Histology--Heme & Lymphoid Neoplasms: Is the following diagnosis reportable for a bone marrow biopsy dated 10/99/10 and what histology would be used?

Bone, left posterior iliac crest, biopsy:

Small B-cell Non-Hodgkin lymphoproliferative disorder.

See discussion.

Discussion
The differential diagnosis includes atypical small lymphocytic lymphoma/chronic lymphocytic leukemia and marginal zone lymphoma. Mantle cell lymphoma is very unlikely based on BCL1 negativity.

Lymphoplasmacytic lymphoma is also excluded due to absence of a plasma cell component (CD138 negative).

Answer
Yes, report as non-Hodgkin lymphoma, NOS 9591/3. When there is a diagnosis of lymphoproliferative disorder and any lymphoma, code the lymphoma.

The information in the discussion is reflective of the difficulty in diagnosing hematopoietic and lymphoid neoplasms. The information tells you that they ruled out a number of possible specific diagnoses (which explains why the final diagnosis is non-Hodgkin, NOS).

Last Updated
11/28/11

FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110131

Status
Final

Question
Reportability--Heme & Lymphoid Neoplasms: History of RAEB-1 in 2008. Bone marrow biopsy and a diagnosis of RAEB-2 in 2011 - same primary on the calculator (9983/3).

Should this be noted anywhere besides follow-up screens?

Should this case be resubmitted to our state registry?

Discussion

Answer
The designations of RAEB1 and RAEB2 are not showing a difference in histology. The 1 and 2 are indicative of the number of blasts that are in the bone marrow. For RAEB, the number of blasts measures the severity of the disease and also is a predictor of the chances of a genetic transformation to AML.

In the case you cite, the patient's disease has progressed to a more severe phase - rather similar to a solid tumor progressing from a Stage II to a Stage III.

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11/28/11

FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110128

Status
Final

Question
Histology/Primary site--Heme & Lymph Neoplasms: Bone marrow biopsy shows diffuse infiltration by B-Cell lymphoma/leukemia, consisting of medium-sized cells with Burkitt morphology.

Flow cytomety - No evidence of leukemia or lymphoma.

What is the histology?

Also, what is the primary site?

Discussion

Answer
Code a single primary, histology is diffuse large B-cell lymphoma 9680/3.

The steps to getting this answer are: Step 1: Look up diffuse B-cell in the Hemato DB. The first matched term is DLBCL 9680/3.

Step 2: Look at the alternate names. One of the alternate names is "B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma."

Code the primary site to bone marrow using rule PH32.

Last Updated
11/28/11

FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110127

Status
Final

Question
Primary Site/Brain and CNS: Are meninges surrounding cranial nerves part of C70.0 or part of the specific nerve's sheath? For example, do we code an optic nerve sheath meningioma to C72.3?

Discussion

Answer
Code the primary site to cranial meninges.

Last Updated
11/28/11

Question: 20110125

Status
Final

Question
MP/H Rules/Histology--Lung: What would the histology code be for a wedge bx of the left lung, lower lobe, that was read out as well differentiated adenocarcinoma with micropapillary features?

Discussion

Answer
Code papillary adenocarcinoma 8260/3. The ICD-O-3 codes for micropapillary have specific associations such as ductal, serous or transitional. None of those associations fit lung primaries.

Last Updated
11/28/11

FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110124

Status
Final

Question
MP/H Rules/Histology--Lung: What is the histology for this case? Not sure how to apply the rules with so many histologies listed. See Discussion

Discussion
Path report states: Lung left lower lobe lobectomy: one tumor - sarcomatoid carcinoma with features of carcinosarcoma, spindle cell carcinoma, poorly diff squamous cell carcinoma, and giant cell carcinoma.

Answer
This case was sent to the lung physician experts. Their reply was as follows: This pathologist has diagnosed a sarcomatoid carcinoma, and then listed all of the subtypes associated with that diagnosis. I would go with the primary diagnosis, sarcomatoid carcinoma. The inclusion of squamous cell differentiation would exclude spindle cell and giant cell as diagnoses, so the pathologist is using them descriptively. We have no basis for picking one of the subtypes as far as I can tell, and sarcomatoid carcinoma covers all of the diagnoses given.

See the glossary in the lung Equivalent Terms and Definitions: Sarcomatoid carcinoma: A group of tumors that are non-small cell in type and contain spindle cells and/or giant cells. Depending on the histologic features the tumor may be designated: pleomorphic carcinoma (8022); spindle cell carcinoma (8032); giant cell carcinoma (8031), carcinosarcoma (8980); or pulmonary blastoma (8972).

History

Last Updated
11/28/11

Question: 20110123

Add to Report

Status
Final

Question
Reportability--Heme & Lymphoid Neoplasms: We have several questions about EBV positive B-cell lymphoproliferative disorder and reportability related to variants of this diagnosis. See Discussion.

FINALIZED SEER SINQ'S

NOVEMBER 2011

Discussion
1) Does the diagnosis of EBV positive B-cell lymphoproliferative disorder specifically have to include "of the elderly" to be reportable or is there a certain age criteria that is equivalent to "of the elderly".

2) Is "iatrogenic EBV positive lymphoproliferative disorder" reportable?

3) Is just "EBV positive B-cell lymphoproliferative disorder" reportable (when there is no further classification of the LPD as lymphoma)?

Answer
The diagnosis "iatrogenic" simply means that there is no known cause for the disease. Code as EBV positive lymphoproliferative disorder 9680/3, the term "of the elderly" does not have to be part of the diagnosis. EBV positive B-cell lymphoproliferative disorder is a synonym for DLBCL 9680/3. You do not need to have the lymphoma (DLBCL) diagnosis.

Last Updated
11/28/11

Question: 20110122

Status
Final

Question
Histology--Heme & Lymphoid Neoplasms: Please advise as to the histology code. I was using 9861/3, but was unsure if trisomy 13 changed the histology as when I type trisomy 13 in the Heme DB 9871/3 and 9911/3 are options. Are these codes related to trisomy 13? See discussion.

Discussion
We have a path report of a bone marrow biopsy stating that the diagnosis is AML evolving from MDS. The patient had no previous diagnosis of MDS. Cytogenetics revealed trisomy 13 with no other genetic abnormalities.

Answer
Code to AML 9861/3 using rule M7. You do not have enough information to code a specific AML.

The reason you are getting both 9871/3 and 9911/3 is because you entered trisomy 13. The DB tries to match both of the words you entered, meaning it will give you results for all diseases with the word trisomy and will also give you all results for diseases with the number 13. Both 9871/3 and 9911/3 have genetic abnormalities with p13 and 9911/3 also has abnormalities in q13. So you got matches for the number 13. If you want only trisomy 13, use quotation marks "trisomy 13" when you type the search phrase and you will only get results for that exact wording.

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11/28/11

FINALIZED SEER SINQ'S

NOVEMBER 2011

Question: 20110121

Status
Final

Question
MP/H Rules/Histology--Esophagus: Is coding the histology for esophageal cancers going to change to reflect the following? See discussion.

Discussion
CS Esophageal Schema Note 4: Effective with AJCC TNM 7th Edition, there are separate stage groupings for squamous cell carcinoma and adenocarcinoma. Since squamous cell carcinoma typically has a poorer prognosis than adenocarcinoma, a tumor of mixed histopathologic type or a type that is not otherwise specified should be classified as squamous cell carcinoma?

Answer
Code the histology to adenosquamous carcinoma. Do NOT use the CS manual to determine the histology code. The MPH Manual is the correct source for coding histology. In this case, CS is saying that the STAGING should be based on the squamous cell carcinoma.component of this tumor.

History

Last Updated
11/28/11